

EXHIBIT 2

JESSE SBAIH & ASSOCIATES, LTD.
Jesse M. Sbaih (#7898)
Ines Olevic-Saleh (#11431)
The District at Green Valley Ranch
170 South Green Valley Parkway, Suite 280
Henderson, Nevada 89012
Tel (702) 896-2529
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jsbaih@sbaihlaw.com
iolevic@sbaihlaw.com

Prior Attorneys for Plaintiff

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

PARNELL COLVIN,

Plaintiff,

vs.

M.J. DEAN CONSTRUCTION, INC.;
DOES I through X; AND ROE
CORPORATIONS XI-XX, INCLUSIVE,
inclusive;

Defendant.

CASE NO.: A-17-755581-C
DEPT. NO.: VI

**NOTICE OF JESSE SBAIH & ASSOCIATES,
LTD.'S ATTORNEY LIEN**

NOTICE IS HEREBY GIVEN by the undersigned attorney, Ines Olevic-Saleh, Esq. of JESSE SBAIH & ASSOCIATES, LTD. ("Lien Claimant"), pursuant to NRS 18.015, that Lien Claimant has a lien (Lien") upon any judgment, award, claim, demand, settlement, or cause of action regarding the above-named Plaintiff Parnell Colvin ("Mr. Colvin") has or may have against Defendant M.J. DEAN CONSTRUCTION, INC. or any of their agents relating to Mr. Colvin's potential racial and/or age discrimination claim for attorney's fees and costs. The interest claimed in this Lien is based on the following information:

- Based on the Contingent Fee Agreement between Lien Claimant and Plaintiff, Lien Claimant is entitled to TEN THOUSAND DOLLARS and NO CENTS (\$10,000.00) of which 20%

1 (\$2,000.00) is to be paid to the Lawyer Referral Information Service ("LRIS"), the State Bar entity that
2 referred Plaintiff to Lien Claimant.

3 • Further, based on the Contingent Fee Agreement between Lien Claimant and Plaintiff,
4 Lien Claimant is entitled to the sum of FOUR HUNDRED SEVENTY DOLLARS and NO CENTS
5 (\$470.00) for the costs incurred to date in the above-entitled matter.

6 • Thus, Lien Claimant is presently asserting a lien in the amount of TEN THOUSAND
7 FOUR HUNDRED SEVENTY DOLLARS and NO CENTS (\$10,470.00). Lien Claimant reserves the
8 right to amend this Lien in the event it expends additional time and/or incurs additional costs.
9

10 Lien Claimant's right to assert this Lien exists under principles of contract law, quantum meruit,
11 common law, Nevada Statutes, or any combination thereof as may be determined by a Nevada court.

12 This Lien, pursuant to NRS 18.015(3), attaches to any settlement, verdict, judgment or decree
13 entered and to any money which is recovered on account of the suit filed, or any other action, from the
14 time of service of this notice.
15

16 DATED this 1st day of July, 2021.

17 JESSE SBAIH & ASSOCIATES, LTD.
18

19 By /s/ Ines Olevic-Saleh
20 Jesse M. Sbaih (#7898)
21 Ines Olevic-Saleh (#11431)
22 The District at Green Valley Ranch
23 170 South Green Valley Parkway, Suite 280
24 Henderson, Nevada 89012
25 *Prior Attorneys for Plaintiff*
26
27
28

CERTIFICATE OF SERVICE

Pursuant to FRCP Rule 5(b), I certify that I am an employee of JESSE SBAIH & ASSOCIATES, LTD., and that on the 1st day of July, 2021, I caused the foregoing document entitled **NOTICE OF JESSE SBAIH & ASSOCIATES, LTD.'S ATTORNEY LIEN** to be served via Certified Mail, Return Receipt Requested and electronic service via email as indicated below.

Daniel Marks, Esq.
Nicole M. Young, Esq.
LAW OFFICE OF DANIEL MARKS
610 S. 9th Street
Las Vegas, NV 89101
office@danielmarks.net
Attorneys for Plaintiff

Martin A. Little, Esq.
Robert L. Rosenthal, Esq.
HOWARD & HOWARD ATTORNEYS PLLC
3800 Howard Hughes Pkwy, Suite 1000
Las Vegas, NV 89169
rlr@h2law.com
mal@h2law.com
Attorneys for Defendant

Parnell Colvin
6681 Tara Avenue
Las Vegas Nevada 89146
pc681@yahoo.com
Plaintiff

/s/ Jennifer Davidson
An employee of Jesse Sbaih & Associates, Ltd.

7019 0140 0000 7969 3251

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$ 3.60

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

.51

\$

Total Postage and Fees

\$

6.96

Sent To

PARNELL COLVIN

Street and Apt. No., or PO Box No.

6081 TARA AVE.

City, State, ZIP+4®

LV, NV 89146

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7/1/21

Postmark
Here**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PARNELL COLVIN
 6081 TARA AVENUE
 LAS VEGAS, NV 89146



9590 9402 3553 7305 9917 32

2. Article Number (Transfer from service label)

7019 0140 0000 7969 3251

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

MAILEX

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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<p>Certified Mail Fee \$ <u>3.60</u></p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.85</u></p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ <u>.51</u></p> <p>Total Postage and Fees \$ <u>6.96</u></p>	<p>Postmark Here</p>
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Sent To ROBERT ROSENTHAL, ESQ.
 Street and Apt. No., or PO Box No. 3800 HOWARD HUGHES #1000
 City, State, ZIP+4® LV NV 89169

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><u>ROBERT L. ROSENTHAL, ESQ.</u> <u>3800 HOWARD HUGHES, #1000</u> <u>LV, NV 89169</u></p> <div style="text-align: center;">  9590 9402 3553 7305 9917 25 </div> <p>2. Article Number (Transfer from service label)</p> <p><u>7019 0140 0000 7969 3268</u></p>	<p>A. Signature</p> <p><u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>7-6</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 COLVIN Domestic Return Receipt

7020 1810 0001 7001 5070

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$ 3.60

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$.51

Total Postage and Fees

\$ 6.96

Sent To

DANIEL MARK, ESQ.

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DANIEL MARKS, ESQ.
NICOLE M. YOUNG, ESQ.
LAW OFFICE OF DANIEL MARKS
610 S. 9TH ST.
LV, NV 89101



9590 9402 3553 7305 9917 18

2. Article Number (Transfer from service label)

7020 1810 0001 7001 5070

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

COLUM

Domestic Return Receipt